Northamptonshire Healthcare NHS
NHS Foundation Trust

FOUNDATION TRUST BOARD OF DIRECTORS - 26 JANUARY 2011

INTEGRATED FINANCE AND PERFORMANCE REPORT FOR THE PERIOD ENDING 31 DECEMBER 2010

PURPOSE AND OVERVIEW

1. REASONS FOR BOARD CONSIDERATION

This report details the financial and operational performance for the month of December 2010 for Northamptonshire Healthcare NHS Foundation Trust and has been prepared following service reviews with each of the operational Directorates.

Prior to the Board meeting, the report is routinely scrutinised by the Finance and Performance Committee, the next meeting of which is scheduled for 24 January 2011.

2. KEY HEADLINES/ISSUES

- NHFT has delivered a Financial Risk Rating of 3 based on financial and operational performance to 31 December 2010 and subject to delivery of agreed Directorate forecast out-turns, should deliver its financial target of a Financial Risk Rating of 3 in 2010/2011;
- this report is in accordance with NHFT's strategic objectives 'to be a productive, resourceful and financially successful organisation, having significantly improved the clinical efficacy and productivity of our services, driven out inefficiencies, released resources from our cost base, such that we have top 20% efficiency and effectiveness'.

3. RECOMMENDATION

The Board of Directors is asked to:

- Note the Trust's financial position as at 31 December 2010 as a Financial Risk Rating (FRR) of 3 in the month;
- Note the financial position has exceeded plan and has delivered the required FRR of 3 in Quarter 3;
- Note that assuming the agreed Service Directors out turns are delivered, then the Trust should achieve its required risk rating of 3 in Quarter 4;
- Note the Trust's performance position as at 31 December 2010;
- Endorse the individual exception reports therein.

4.	AUTHORS	5.	PRESENTED BY
	Steve Alton, Deputy Director of Finance (Financial Management)		Bill McFarland, Finance Director
	Sue Holmes, Head of Performance		David Bell, Director of Strategy, Performance and Service Development

Disclaimer: This report is submitted to the Trust Board for amendment or approval as appropriate. It should not be regarded or published as Trust Policy until it is formally agreed at the Board meeting, which the press and public are entitled to attend.

Northamptonshire Healthcare NHS Foundation Trust

Executive Finance Summary up to 31st December 2010

Northamptonshire Healthcare NHS
NHS Foundation Trust

Net deficit excluding impairments is above plan

	Annual Plan	June - Q1	Sept - Q2	Oct	Nov	Q3
Financial Risk Rating	3	3	3	3	3	3

Liquidity

1 No liquidity concerns
2 Liquidity ratio of 4 (47days)
3 Working capital facility of £8million, not utilised

Cost Improvements as at 31/12/10

Target	Implemented allowing for agreed slippage
£million	£million
3.698	3.659

Financial Summary £million	Plan in Month	Actual in month	Plan Dec-10	Actual Dec-10
Revenue (Total)	**9.009**	**8.975**	**83.109**	**83.124**
Expenditure				
Employee Expenses	(6.122)	(5.999)	(57.208)	(56.542)
Drugs	(0.493)	(0.479)	(4.159)	(4.198)
PFI Operating Costs	(0.086)	(0.086)	(0.718)	(0.720)
Other Costs	(1.713)	(1.736)	(15.115)	(15.203)
EBITDA	**0.595**	**0.675**	**5.909**	**6.461**
Profit /Loss on asset disposals			0.000	0.000
Depreciation & Amortisation	(0.438)	(0.438)	(2.677)	(2.677)
Net Interest	(0.220)	(0.204)	(1.801)	(1.787)
PDC Dividend	(0.142)	(0.142)	(1.275)	(1.275)
Impairment	0.000	0.000	(4.432)	(4.432)
Net Surplus/(Deficit)	**(0.205)**	**(0.109)**	**(4.276)**	**(3.710)**
EBITDA % income	***6.6***	***7.5***	***7.1***	***7.8***
Net Surplus/(Deficit)	(0.205)	(0.109)	(4.276)	(3.710)

Capital Programme review has been undertaken at the October 2010 Board and is on track to deliver the revised capital programme

Long term borrowing limit = £48million

Long term borrowing at 30/12/10 = £44.2million

Financial Performance	Key Points
1	Net deficit (pre impairments) is above plan and the Trust has delivered the Board approved Financial Plan with a financial risk rating of 3 for December 2010 and also for Quarter 3.
2	No Liquidity concerns.
3	Any slippage in the implementation of the cost improvement programme is being managed non recurrently.
4	Financial pressures continue within medical staffing pay budget on locum expenditure, an action plan has been implemented which is now reducing the level of overspend.
5	The Younger Persons Directorate financial position has improved in the month due to the implementation of the finance action plan.

Northamptonshire Healthcare NHS Foundation Trust

Executive Performance Summary Period Ending December 2010

Northamptonshire Healthcare NHS
NHS Foundation Trust

PERFORMANCE DASHBOARD

Foundation Trust - Monitor non-financial targets

Description	Frequency*	Weighting	Target	Q1 Actual	Q2 Actual	Q3 Actual
Clients receiving follow-up within 7 days of discharge	Q	0.5	95%	100.00%	97.27%	98.45%
CPA patients having formal review within 12 months	Q	0.5	95%	96.88%	95.74%	95.61%
Minimising delayed transfers of care	Q	1.0	<7.5%	5.42%	2.43%	0.83%
Admission had access to crisis resolution	Q	1.0	90%	97.22%	96.08%	95.85%
New patients taken on by Early Intervention teams	Q	0.5	28	22	30	22
Data completeness:identifiers	Q	0.5	99%	99.07%	99.21%	99.24%
Data completeness: outcomes	Q	0.5	tbc	96.76%	97.03%	97.49%
Self cert against compliance re Access to healthcare for people with a learning disability	A	0.5				
Overall compliance						

All Quarterly Monitor targets have been achieved.
The Self certification of "Access to Healthcare for people with a Learning Disability" is expected to be achieved during Quarter 4

Rating

Less than 1 GREEN

Between 1 and 1.9 AMBER-GREEN

Between 2 and 3.9 AMBER-RED

More than or equal to 4 RED

Northamptonshire Healthcare NHS
NHS Foundation Trust

FOUNDATION TRUST BOARD OF DIRECTORS - 26 JANUARY 2011

PERFORMANCE REPORT (APRIL 2010 TO DECEMBER 2010)

1. Introduction

This report provides the Board of Directors with a high level exception report of performance at the Trust wide level, following scrutiny by the Trust's Finance and Performance Committee each month.

The report is drawn from the Trust's activity, target, quality and HR/OD data and a monthly performance reviews with the Trust's directorates, where performance parameters are examined at directorate and (in most cases) down to individual ward or team level.

2. Board Performance Dimensions

The report identifies which performance parameters are monitored on a service by service or Trustwide basis. Where data is available, that monitoring includes the review of actual performance against plan, along with a comparison of equivalent performance last year.

Where the variation in performance is significant, performance reports are produced for the Board on an exceptions basis to show the level of under/over performance, the reasons for the variation and the remedial action being taken to rectify that variation. The individual reports will continue to be presented to the Board, until such time that the Board is assured that performance is satisfactory and embedded.

3. Material Variances at December 2010

There are eleven material variances being reported to the Board this month and further details can be found within the individual performance reports:-

- Readmissions within 28 days (adults)
- CQUIN target – Average length of stay (adults and older adults)
- Longest current stays (adults and older adults)
- Proportion of caseload with valid HoNOS/CGAS (CAMHS, adults, older adults and LD)
- Patients waiting over 13 weeks for initial assessment (all services)
- Chlamydia screening (sexual health)
- Appraisals in date (Trustwide)
- Mandatory training (Trustwide)
- CQUIN target – Falls
- DAAT contract targets
- Monitor – Access to Service for people with Learning Disability

4. Risk

The current situation regarding performance provides the following risks to the Trust:-

- Patient Risk – The Trust has made significant improvements in relation to falls and the severity of those falls. Patients in the ADHD and Aspergers services are waiting longer 13 weeks, but the deployment of additional recurrent resources from the commissioner and non-recurrent resources from within the directorate will rectify that situation.
- Regulatory Risk – The Trust is currently compliant with the Monitor targets at Q3 (as it was in Q1 and Q3). The mandatory training position is part of one of the parameters of the Trust's CQC registration and the Trust needs to ensure that the current rate of improvement continues to the year-end.
- Contractual Risk – There are no performance notices issued against the Trust, but the organisation will be at risk if it does not improve its performance around Chlamydia screening (Sexual Health) and Treatment Outcome Profiles (NDAS).
- Financial Risk – The CQUIN targets have financial performance bonuses attached to them if the Trust makes the necessary improvement in performance. The Trust has breeched the severe falls targets in both Q2 and Q3, resulting in a loss of income of £38,072 on both occasions. If the Trust does not meet the target on average length of stay in its adult and older adult services, then it will lose a further £55,378.

5. Recommendation

That the Board of Directors:-

- NOTES the Trust's performance position as at December 2010.
- ENDORSES the individual exception reports therein.

19 January 2011

Sue Holmes, Head of Performance
David Bell, Director of Strategy, Service Development & Performance

Northamptonshire Healthcare NHS
NHS Foundation Trust

• Board of Directors Performance Report – Period ending 31st December 2010

AGREED INDICATORS FOR MONITORING

Services	Service lines	Count of admissions	Young people admitted to adult wards	Length of stay (days)	Longest current stay	Readmissions (within 28 days)	Occupancy rate (excl leave)	% Crisis Admissions **MONITOR**	% Delayed Discharges **MONITOR**	Patients on Caseload	External referral)Waiting List	Longest wait (if over 13 weeks)	%CPA 7day follow-up **MONITOR**	% on CPA	Count of FtF contacts	external referrals received	% with formal CPA review **MONITOR**	% caseload with valid HoNOS	Count of Chlamydia screens	Patients on Self Directed Support	EIS new patients taken on **MONITOR**	% MHMDSData completeness **MONITOR**	% MHMDS Data Outcomes **MONITOR**	DAAT contract	Trust wide Headcount	Trust wide turnover rate	Trust wide sickness rate	Trust wide complaints received	Trust wide appraisals in date	Trust wide mandatory training in date	CQUIN Delayed transfers of care	CQUIN Inpatient ALOS	CQUIN CPA patients with HoNOS recorded	CQUIN Patients employment status recorded	CQUIN patients accommodation status recorded	CQUIN Crisis gatekeeping	CQUIN count of falls	CQUIN Falls classified as severe	CQUIN 7 day readmissions with root cause analysis	CQUIN End of Life	CQUIN Greenlight toolkit	CQUIN LD recorded as a diagnosis	CQUIN Greenlight satisfaction survey	CQUIN IPC with HoNOS	CQUIN Antipsychotic medication	Access to Healthcare for people with LD **MONITOR**
Adult/ICU Inpatients	1,2	✓		X	X	X	✓	✓	✓																																				
Adult Rehab and Respite	3	✓		✓	✓	✓	✓		✓																																				
Adult Specialists and Low secure	4,5	✓		✓	✓	✓	✓		✓																																				
Adult Community	6,7,8,9.10,11									✓	X	X	✓	✓	✓	✓	✓	X		✓	✓	✓	✓																							
Specialist community	11,13,14									✓	✓	✓		✓	✓	✓	✓	✓				✓	✓																							
Community Forensic	16,17,18									✓	✓	✓		✓	✓	✓	✓	✓				✓	✓																							
Older Adult inpatients	19	✓		✓	✓	✓	✓	✓	✓																																				
Older Adult Community	20									✓	✓	✓	✓	✓	✓	✓	✓	✓				✓	✓																							
CAMHS Inpatients	21	✓	✓	✓	✓	✓	✓	✓	✓																																				
CAMHS Community	22									✓	✓	✓	✓		✓	✓																													
LD Assessment and Treatment	24	✓		✓	✓	✓	✓	✓	✓																																				
LD Respite	25	✓		✓	✓	✓	✓	✓																																				
LD Community	26,27									✓	✓	✓	✓		✓	✓																													
NDAS	28									✓	✓	✓			✓	✓									X																				
GUM	30														✓																															
HIV	31									✓																																				
Contraceptive Services	32,33															✓				X																										
Corporate																									✓	✓	✓	✓	X	X	✓	✓	✓	✓	✓	✓	X	X	✓	✓	✓	✓	✓	✓	X

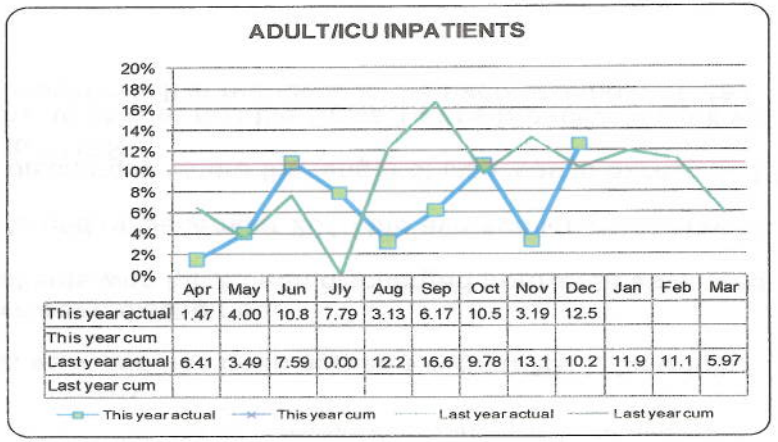
✓ Indicator being monitored, target/threshold being met

X Indicator being monitored, target not being met

M Indicator target previously not being met, ongoing performance reported to Board

Readmissions within 28 days

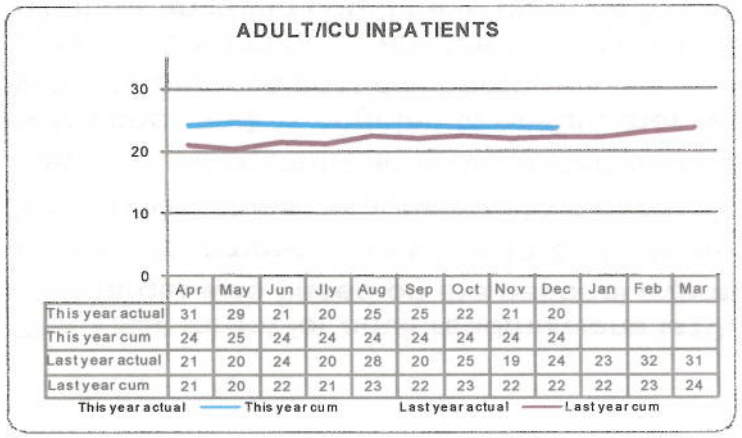
	Apr	May	Jun	Jly	Aug	Sep	Oct	Nov	Dec
Count of patients readmitted	1	3	8	6	1	5	10	3	11



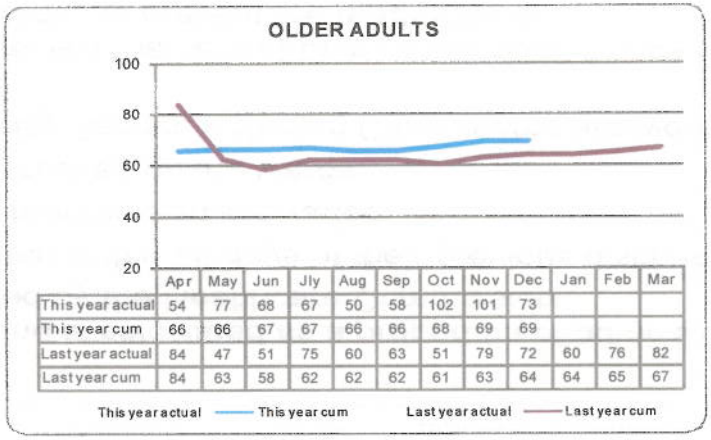
	Apr	May	Jun	Jly	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
This year actual	1.47	4.00	10.8	7.79	3.13	6.17	10.5	3.19	12.5			
This year cum												
Last year actual	6.41	3.49	7.59	0.00	12.2	16.6	9.78	13.1	10.2	11.9	11.1	5.97
Last year cum												

- The Trust target for adult readmissions is10.3%, and is calculated as a proportion of admissions. This target was based on the national average used by the Healthcare Commission
- During December there were 11 patients re-admitted within 28 days of their previous discharge.
- The above tables demonstrate that occassions of readmission are varied
- Reasons for readmissions are ascertained and discussed on the wards.
- Additional work is ongoing to ensure that Community Teams, including Crisis teams are working with the patients post discharge.
- Head of Community Services has been asked to review the care of those readmitted to assess whether anything could have been delivered differently to prevent the readmission.

Average Length of Stay



	Apr	May	Jun	Jly	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
This year actual	31	29	21	20	25	25	22	21	20			
This year cum	24	25	24	24	24	24	24	24	24			
Last year actual	21	20	24	20	28	20	25	19	24	23	32	31
Last year cum	21	20	22	21	23	22	23	22	22	22	23	24



	Apr	May	Jun	Jly	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
This year actual	54	77	68	67	50	58	102	101	73			
This year cum	66	66	67	67	66	66	68	69	69			
Last year actual	84	47	51	75	60	63	51	79	72	60	76	82
Last year cum	84	63	58	62	62	62	61	63	64	64	65	67

- A CQUIN target of an average length of stay of 50 days at year end has been agreed for 2010/2011, for adult acute and older adult patients
- Average Length of Stay is calculated on patients who have been discharged.
- The above graphs record the average length of stay of patients who have been discharged from adult acute and older adult beds for the year to date.
- Cumulatively, for the 2 services for the period April 2010 to end of December 2010 the average length of stay of patients discharged is 51 days.
- This data will be reviewed for CQUIN purposes, and any discharges where the length of stay was in excess of 12 months will be identified for possible exception reporting to NHSN.
- The Director of Operations is working with the Crisis Teams to ensure that the Crisis Teams proactively work with admitted patients to facilitate safe, early discharge which would result in reduction in the average length of stay

Longest current stays

Analysis of longest current stays on adult and older adult wards

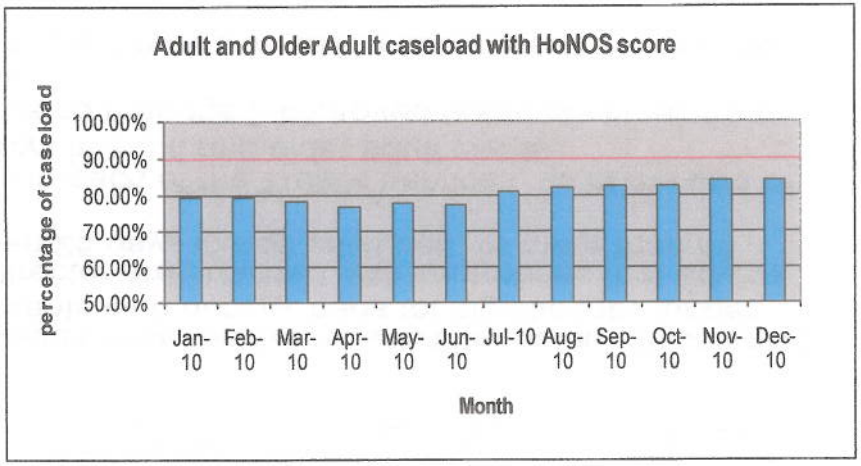
	Count of patients as at end of Dec	
	Adult Spells	Older Adults Spells
More than 1 year	4	1
6 mths to 1 year	15	6
3 months to 6 months	8	10
1 month to 3 monts	39	17
Total long stays	66	34

Current Longest stay (days)	Dec	Jan	Feb	Mar
ADULT INPATIENTS	2416			
REHAB & RESPITE	462			
SPECIALIST AND LOW SECURE	2276			
OLDER ADULTS	352			
CAMHS	113			
LD ASSESSMENT & TREATMENT	240			
LD RESPITE	4			

- Although the majority of patients admitted to our adult acute and older adult wards are discharged within an average of 51 days, there are some patients who occupy beds for significantly longer.
- Every week, the Heads of Service and Clinical Director are provided with summaries that advise of patients who have occupied a bed for more than 25 days in and adult bed, or more than 45 days in an older adult bed.
- The tables above detail the longest stay currently in each of the Trust's services, as at the end of December, and also further analyses the long stays in adult and older adult wards.
- Although delayed transfers of care are currently being managed, improved response times from Care Management would improve lengths of stay.
- A future risk identified relates to changes in Social Care provision which could result in increased lengths of stay.

% Caseload with valid HoNOS recorded in ePEX

Summary HoNOS/CGAS compliance	Apr	May	Jun	Jly	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Adult Community	71%	72%	72%	79%	79%	81%	81%	80%	80%			
Specialist Community	67%	67%	70%	74%	75%	81%	78%	79%	80%			
Community Forensic	70%	70%	88%	88%	92%	88%	96%	93%	96%			
Older Adult Community	89%	88%	86%	87%	87%	84%	83%	89%	90%			
CAMHS Community									43%			



- The Trust implemented the use of HoNOS (Health of the Nation Outcome Scores) for Adult and Older Adult Services in October 2008. HoNOS is an outcome tool
- The Trust's target is that 90% of caseload should have HoNOS recorded in ePEX, and although there has been regular improvement the target has not yet been met.
- The Trust is in the top 5 of 68 mental health Trusts regarding recording of HoNOS
- The CAMHS service has implemented CGAS, as opposed to HoNOS, as a method of recording outcomes for children and young adults. This has recently been implemented by the service, and progress on recording is now being reported.
- Concerted efforts by all services is required to achieve and maintain the 90% target.
- Compliance by Medics in recording HoNOS is 82%, and non medics is 86%

Waiting Lists and Long waits

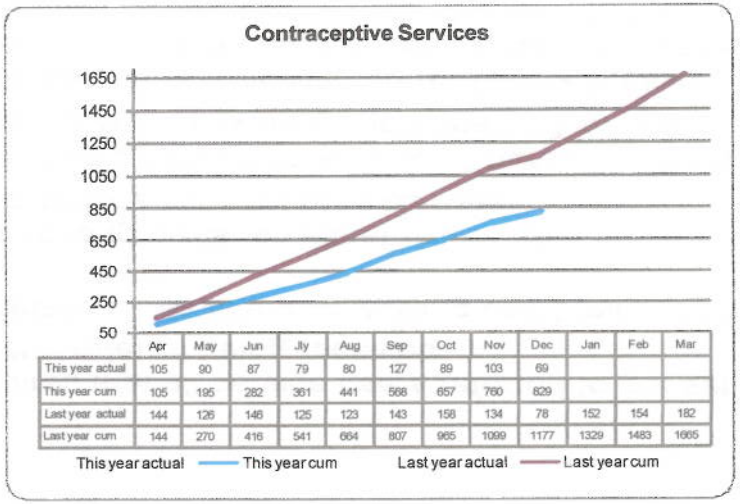
	Waiting Lists (external referrals awaiting initial assessment			
	Dec-10	Jan-11	Feb-11	Mar-11
Adult Community	148			
Specialist Community	116			
Community Forensic	2			
Older Adult Community	169			
CAMHS Community	313			
LD Community	47			
Total waiting list	795			

	Number waiting more than 13 weeks			
	Dec-10	Jan-11	Feb-11	Mar-11
Adult Community	0			
Specialist Community	43			
Community Forensic	0			
Older Adult Community	5			
CAMHS Community	11			
LD Community	0			
Total waiting over 13 weeks	59			

- The Trust's Waiting times and Access policy requires that all service users referred to our services receive an initial assessment within 13 weeks of the referral being received
- Waiting lists are monitored weekly by services, details of service user waiting and their current waiting time being available on their I drive
- Data Quality can sometimes be a factor in reporting long waits, as either the contact has not been recorded or the referral has not been closed if the service user is not to be seen
- The longest waits are currently in the Trust's ADHD and Aspergers service. There are 73 service users awaiting initial assessment, and 41 of those have been waiting more than 13 weeks
- The service has currently recruited 2 additional posts and is reviewing current processes to ensure that all referrals are assessed within 13 weeks. The service will review new processes at the end of March 2011 and will then advise on how long it will take to clear the current long waiters.

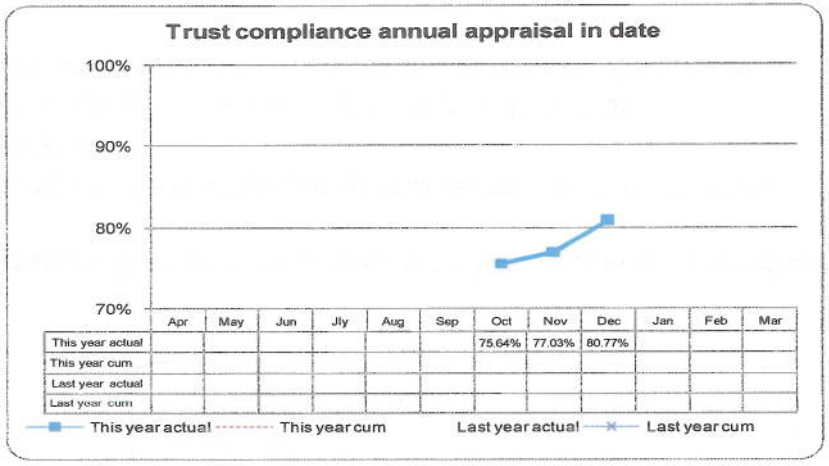
Chlamydia Screening

Contraceptive Services	Apr	May	Jun	Jly	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
This year actual	105	90	87	79	80	127	89	103	69			
This year cum	105	195	282	361	441	568	657	760	829			
Last year actual	144	126	146	125	123	143	158	134	78	152	154	182
Last year cum	144	270	416	541	664	807	965	1099	1177	1329	1483	1665



- The Trust's contraceptive service has a contract with the PCT to deliver 1500 chlamydia screens in 2010/2011.
- To date the service has offered all attendees a screen, but many attendees decline a screen and the Trust is not meeting the target. The majority of these declines are because the attendee has had a screen within the last 12 months
- The service is working closely with the PCT's Chlamydia teams and is targeting students in January 2011 on their return to University. It is expected that numbers screened will significantly increase.

Trust-wide Appraisals in date

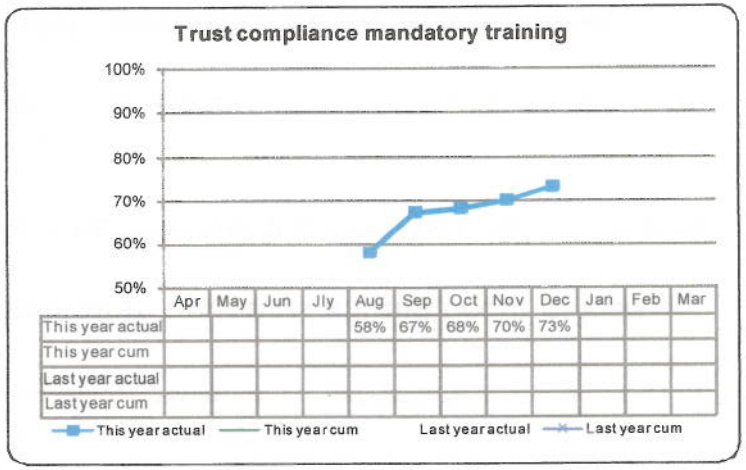


- The Trust expects that all staff will be appraised, and that an appraisal should occur at least annually.
- The Trust's target is 90%, to allow for long term absences, and monitoring has been put in place over the last 3 months.
- Compliance is improving, but the target is not yet met.
- Non compliance has been discussed at Service reviews, and plans are in place for services to meet the target by the end of March 2011.
- Electronic processes for recording and reporting on staff appraisals are being developed.

Trust-wide mandatory training in date

Mandatory training Courses:

- Adult Basic Life Support
- Paediatric Life Support
- Immediate Life Support
- Basic Handling (non patient handlers)
- Basic Handling for patient handlers
- Patient Handling (foundation and theory)
- Inanimate loads
- Breakaway
- Teamwork
- Low level interventions
- Promoting safer and therapeutic services
- Safeguarding level 1
- Safeguarding level 2
- Safeguarding level 3
- Infection control clinical
- Infection control Non clinical
- Fire safety
- Equality and Diversity

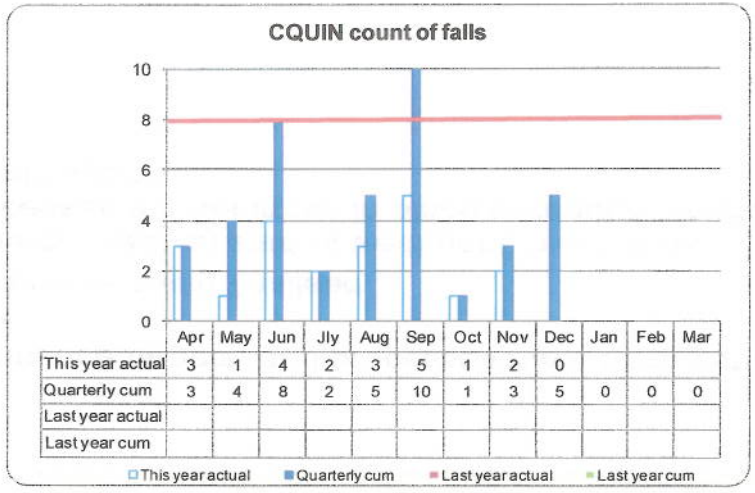


	Apr	May	Jun	Jly	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
This year actual					58%	67%	68%	70%	73%			
This year cum												
Last year actual												
Last year cum												

- The Trust has an agreed schedule of mandatory training courses, and the required attendees on those courses
- The Trust's target is 95%, and although compliance is improving the target is not yet met.
- Non compliance is discussed at Service reviews
- Processes for providing monitoring at Service Director level are being put in place.
- Four courses have been identified for urgent attention: Immediate life support; Breakaway; Infection Control-Clinical and Fire Safety
- The methodology for delivering mandatory training and the content of courses is under review.

CQUIN – Count of falls and falls classified as severe

CQUIN - falls classified as severe	Apr	May	Jun	Jly	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
This year actual	0	0	0	0	0	1	0	0	2			
This year cum												
Last year actual												
Last year cum												



	Apr	May	Jun	Jly	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
This year actual	3	1	4	2	3	5	1	2	0			
Quarterly cum	3	4	8	2	5	10	1	3	5	0	0	0
Last year actual												
Last year cum												

- The trust has an agreed CQUIN target with Commissioners that there would be no more than 8 falls resulting in moderate harm reported in each quarter, and no falls resulting in severe harm or death (as defined by the NPSA)
- In quarter 2, the Trust breached this target and as such has not been able to recover £38,072 of CQUIN money. The Trust is presenting the case studies to NHSN to discuss possible mitigating factors.
- Processes have been put in place on the older adult wards to try and minimise the risk and level of harm of patients falling, including increasing staffing levels for 1:1 observations, increased physiotherapy, and the purchase of motion sensors and protector pads.
- In addition to ensuring that the number of falls is kept to a minimum, the Trust is also required to ensure that no falls result in being classified as severe. For quarters 2 and 3 there have been a total of 3 falls classified as severe.
- The Trust is negotiating a variation on this CQUIN for 2011/12 based on implementation of preventative management.

DAAT Contract

Area	Target	Frequency	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10
treatment modality types waiting 3 weeks or less	90%	Quarterly	93%	93%	93%	92%	92%	92%	95%	95%	95%
Proportion of DIP clients entering treatment within 5 working days of assessment	95%	Quarterly	100%	100%	100%	100%	100%	100%	100%	100%	100%
Proportion of PDU clients with a completed TOP form at the start of treatment	80%	Annual	72%	74%	75%	N/A	76%	73%	74%	79%	
review TOP form every three months during treatment	80%	Annual	75%	64%	62%	N/A	47%	47%	52%	81%	
discharge TOP form when successfully discharged	80%	Annual	48%	68%	71%	N/A	88%	100%	63%	71%	
treatment for 12 weeks or more, or receiving a planned discharge if 12 weeks or less	87%	Quarterly	86%	87%	86%	85%	85%	85%	86%	87%	87%
Proportion of PDU clients who exit treatment who receive a planned discharge	40%	Quarterly	24%	24%	24%	25%	25%	23%	21%	20%	20%
Number of DRR commencements to occur during the year	146	Monthly									
Number of DRR completions	70	Monthly									

- The Trust has recently agreed the above performance targets, and processes have been set up for monitoring of compliance of these indicators.
- Process for assessing data on the 2 DRR indicators is being finalised,.
- Regarding recording of TOP (treatment outcome profiles) on start of treatment, every three months during treatment and on discharge, processes are being put in place to regular monitor and update as necessary within the new Carepath system.

Access to Healthcare for People with Learning Disability

- This is a Monitor target which requires compliance at the 31st March 2011.
- This is a self assessment based on 6 questions previously included as part of the planned CQC assessment in 2009/10. For each of the questions the required compliance is level 4.
- The Trust is on target to achieve full compliance, but at the end of December 2010 has assessed itself amber on one of the six questions, specifically "In accordance with the Disability Equality Duty of the Disability Discrimination Act (2005), does the Trust provide readily available and comprehensible information (jointly designed and agreed with people with learning disabilities, representative local bodies and/or local advocacy organisations) to patients with learning disabilities about the following criteria – treatment options, complaints procedure and appointments"